

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**DOCKETING DEPARTMENT**  
101 Executive Center Drive  
Columbia, SC 29210

218641  
**RECEIVED**  
AUG 19 2009

2009.349-T

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

**OFFICE # (803) 896-5100****FAX # (803) 896-5199**

CLASS C – CHARTER BUS

DATE August 10, 2009**APPLICATION FOR CLASS C-CHARTER BUS CERTIFICATE**

Application is hereby made for a Class C-Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Piedmont Agency on Aging, INC.

2. (a) Street Address of Applicant 808 South Emerald Road

(b) Mailing address, if different from street address P O Box 997

Greenwood, SC 29648

(c) Telephone Number (864) 223-0164 Fed ID #.           

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business.  
(b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed list of equipment is as per Exhibit "D" included herewith.

6. Applicant is familiar with the provision of R. 103-170 through R. 103-181 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

**RECEIVED**

AUG 11 2009

PSC SC  
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**EXHIBIT D**

**STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier

Date: 8/13/09

Piedmont Agency on Aging  
(Applicant)  
Kathy A. DeB  
(Applicant's Representative)  
Exec. Director  
(Title)



# THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND  
POST OFFICE BOX 11066  
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

POLICY NUMBER L130241209	FROM 12/29/2008	POLICY PERIOD TO 12/29/2009	TYPE OF INSURANCE AUTOMOBILE LIABILITY	DATE PRINTED 12 AUG 2009
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COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:  
CD-12 CD-20

NAMED INSURED AND ADDRESS PIEDMONT AGENCY ON AGING POST OFFICE BOX 997 GREENWOOD, SC 29648	CONTACT PERSON AND PHONE KATHY H DUBLIN (864)223-0164	FORM # CD-12	PAGE 1 OF 1
	TYPE OF ACTIVITY ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 003

EFFECTIVE DATE - 08/11/2009

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0002

OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT  
1401 MAIN ST STE 900  
COLUMBIA SC 29201-0000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

THIS IS TO CERTIFY THAT A POLICY HAS BEEN ISSUED TO THE ABOVE NAMED INSURED AND IS IN FORCE AT THIS TIME. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THIS POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THIS POLICY.

POLICY EXCLUDES ALL CONTRACTUAL LIABILITY.

CANCELLATION: SHOULD THIS POLICY BE CANCELLED BEFORE EXPIRATION DATE THEREOF THE INSURANCE RESERVE FUND WILL ENDEAVOR TO PROVIDE 30 DAYS WRITTEN NOTICE TO ABOVE NAMED CERTIFICATE HOLDER, BUT FAILURE TO PROVIDE SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY.

COVERAGE PROVIDED FOR:

LIMIT OF LIABILITY

ALL VEHICLES OWNED, LEASED OR BORROWED  
BY THE ABOVE NAMED INSURED

1,000,000 S LMT

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY L130241209

AUGUST 11, 2009

DATE

ANNE MACON SMITH

Office Director  
South Carolina Office of Insurance Reserve Fund

## EXHIBIT FWA

**Name:** Piedmont Agency on Aging

**U.S.D.O.T. No.**

**ICC No.**

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes X No \_\_\_\_\_ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory X  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No X

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No X  
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all insurance regulations and safety regulations, governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with these regulations?

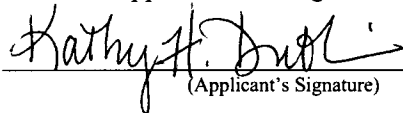
Yes X No \_\_\_\_\_

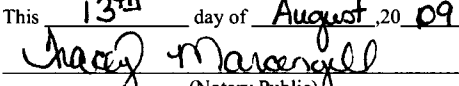
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

### APPLICANT'S OATH

I, Kathy H. Dublin, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

  
(Applicant's Signature)

At Greenwood, S.C. Sworn to before me  
This 13<sup>th</sup> day of August, 2009  
  
(Notary Public)  
Commission Expires: 12-20-2015

A majority of the Board of Directors of

GREENWOOD COUNTY COUNCIL ON AGING

a corporation created under and pursuant to the laws of South Carolina, by Certificate issued by the  
Secretary of State on the 17th day of March, A.D. 1971.

HAVE CERTIFIED, over their signatures, Resolutions authorizing in behalf of the aforesaid

Corporation Whereas the majority of the members of the Abbeville Council on Aging and the Greenwood County Council on Aging have agreed that one agency can better serve the elderly of both counties; Therefore, be it resolved that the charter of Greenwood County Council on Aging be amended to include Abbeville, Greenwood and contingent areas in its service area and that the word infirm be added to its purpose statement after the word elderly and that the name be changed to:

"PIEDMONT AGENCY ON AGING, INC."

(authorized and set forth in the certificate aforesaid), which Resolutions were adopted pursuant to law, at a meeting of the members of the aforesaid Corporation, of which five days' notice was given, which notice stated the purpose of the aforesaid meeting, and further, that said Resolutions were adopted by a majority vote, and that in all respects there has been complied with the provisions of Title 33, Chapter 31 Code of Laws of South Carolina 1976, and all amendments thereto.

NOW, THEREFORE, I, John T. Campbell, Secretary of State, by virtue of the authority in me vested by Chapter aforesaid, of the Code of Laws of South Carolina, 1976 and amendments thereto, do hereby certify that the requirements of law for said amendment have been complied with, and for good and sufficient reasons to me appearing, do hereby certify that the charter of the aforesaid Company has been so amended.

GIVEN under my hand and the seal of the State at Columbia,

this 18th day of July  
in the year of our Lord One Thousand nine hundred and 88  
and in the two hundred and Thirteenth  
year of the Independence of the United States of America.



*John T. Campbell*  
Secretary of State

The State of South Carolina } CERTIFICATE OF INCORPORATION  
EXECUTIVE DEPARTMENT } BY THE SECRETARY OF STATE

WHEREAS,

Ted R. Morton, Post Office Box 1203, Greenwood, S. C.

Donald E. Robinson, 1307 Bunche Avenue, Greenwood, S. C.

two or more of the officers or agents appointed to supervise or manage the affairs of

GREENWOOD COUNTY COUNCIL ON AGING

which has been duly and regularly organized, did on the 17th day of

March, A. D. 1971, file with the Secretary of State a written declaration setting forth:

That, at a meeting of the aforesaid organization held pursuant to the by-laws or regulations of the said organization, they were authorized and directed to apply for incorporation.

That, the said organization holds, or desires to hold, property in common for Religious, Educational, Social, Fraternal, Charitable or other eleemosynary purpose, or any two or more of said purposes, and is not organized for the purpose of profit or gain to the members, otherwise than is above stated, nor for the insurance of life, health, accident or property; and that three days' notice in the Index-Journal, a newspaper published in the County of Greenwood, has been given that the aforesaid Declaration would be filed.

AND WHEREAS, Said Declarants and Petitioners further declared and affirmed:

FIRST: Their names and residences are as above given.

SECOND: The name of the proposed Corporation is GREENWOOD COUNTY COUNCIL ON AGING

THIRD: The place at which it proposes to have its headquarters or be located is 127 Grace Street,  
Post Office Box 997, Greenwood, South Carolina

FOURTH: The purpose of the said proposed Corporation is to establish, hold, support, maintain and operate, on a non-profit basis, programs and services designed to promote the physical, mental, social and spiritual welfare of the aging of Greenwood County, in cooperation with existing agencies, institutions; and organizations.

FIFTH: The names and residences of all Managers, Trustees, Directors or other officers are as follows:  
Ted R. Morton, Jr., President & Director, Post Office Box 1203  
W. M. Wilbanks, Vice President & Director, Greenwood Co. Courthouse  
Benjamin J. Sanders, Jr., Treasurer & Director, Post Office Box 63  
Donald E. Robinson, Secretary & Director, 1307 Bunche Avenue

SIXTH: That they desire to be incorporated: in perpetuity

Now, THEREFORE, I, O. FRANK THORNTON, Secretary of State, by virtue of the authority in me vested, by Chapter 12, Title 12, Code of 1962, and Acts amendatory thereto, do hereby declare the said organization to be a body politic and corporate, with all the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by said Chapter 12, Title 12, Code of 1962, and Acts amendatory thereto.

GIVEN under my hand and the seal of the State, at Columbia,  
this 17th day of March  
in the year of our Lord one thousand nine hundred and  
71 and in the one hundred and 95th  
year of the Independence of the  
United States of America.

*O. Frank Thornton*  
O. FRANK THORNTON,  
Secretary of State.

